

FOREST COUNTY OFFICE ON AGING

200 East Madison Street

Crandon, WI 54520

BUS REGISTRATION FORM - 2020

The information you are being asked to provide is needed to comply with DOT reporting requirements. This information will be stored in a secure electronic database and will not be used for any other purpose. Your information will not be shared with another agency without your permission. This information will not be sold to anyone. You have the right to review your electronic record and request changes to assure accuracy. You will not be denied most services if you refuse to provide this information.

Date: _____

Name: _____ Birth date: _____
Last First M.I. Month Day Year

Mailing Address: _____ Phone #: _____

Sex: _____ Male _____ Female

Information Required by Federal and State Regulations

Ethnic/Racial Status

- _____ White
- _____ Hispanic Origin
- _____ African American
- _____ American Indian/Alaska Native
- _____ Asian American/Pacific Islander

Marital Status

- _____ Married
- _____ Widowed
- _____ Single

Income Level:

If you live <i>alone</i> , is your income over \$12,490 (\$1,041/month)? _____ Yes _____ No	If you live with <i>others</i> , is your income over \$16,910 (\$1,409/month)? _____ Yes _____ No
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Registration: Regular _____ or Guest _____

In case of Emergency, contact:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Thank you for allowing the Forest County Office on Aging to serve you. If you have any questions, comments or concerns regarding our services and programs, please call the Office on Aging at (715) 478-3256.